	Employee Resources			
Provider Finder	1-800-810-2583	www.bcbstx.com		
BCBS Mental	1000 010 2000			
Health/Substance Use		Available 24 hours a day 7 days a		
Disorder Prior	1-800-528-7264	week		
Authorization Helpline		Week		
		Available 24 hours a day 7 days a		
ComPsych Employee		week		
Assistance Program (EAP)	1-877-595-5281			
Assistance Program (EAP)		www.guidanceresources.com Web ID: EAPBusiness		
MDLIVE Behavioral Health		Web ID: EAPBusiliess		
Virtual Visits	1-888-680-8646	MDLIVE.com\bcbstx		
	Robavioral Health Services (PPO	 Dian)		
Behavioral Health Services (PPO Plan) Mental Health Care				
	Serious Mental Illness			
Troatmont of Substance Us		will require Dries Authorization		
Treatment of Substance Use Disorder (SUD) (Certain services will require Prior Authorization.)				
Inpatient Services				
Plan Benefit	In-Network Benefits	Out-of-Network Benefits		
	20% of Allowable Amount after	50% of Allowable Amount after		
Hospital Services (facility)	Calendar Year Deductible	Calendar Year Deductible		
	20% of Allowable Amount after	50% of Allowable Amount after		
Behavioral Health	Calendar Year Deductible	Calendar Year Deductible		
Practitioner Services				
Outpatient Services				
Behavioral Health	-	50% of Allowable Amount after		
Practitioner Expenses (office	100% of Allowable Amount after	Calendar Year Deductible		
setting)	\$30 Copayment Amount			
	20% of Allowable Amount after	50% of Allowable Amount after		
Other Outpatient Services	Calendar Year Deductible	Calendar Year Deductible		
Behavioral Health Services (Premier/ Basic CDHP Plan)				
Plan Benefit	In-Network Benefits	Out-of-Network Benefits		
	Mental Health Care			
	Serious Mental Illness			
Treatment of Substance Us	se Disorder (SUD) (Certain services	will require Prior Authorization.)		
		. ,		
Inpatient Services				
	20% of Allowable Amount after	50% of Allowable Amount after		
Hospital Services (facility)	Calendar Year Deductible	Calendar Year Deductible		
Dahas daval U.S. Uk	20% of Allowable Amount after	50% of Allowable Amount after		
Behavioral Health	Calendar Year Deductible	Calendar Year Deductible		
Practitioner Services				
	Outpatient Services			
· · · ·				

Behavioral Health	20% of Allowable Amount after	50% of Allowable Amount after
Practitioner Expenses (office	Calendar Year Deductible	Calendar Year Deductible
setting)		
	20% of Allowable Amount after	50% of Allowable Amount after
Other Outpatient Services	Calendar Year Deductible	Calendar Year Deductible